Form DFC6A Rev. 10/96 STATE OF ALABAMA Original for Comptroller

Statement of Out-of State Travel

Department/Agency			C	Code Number	Division				Funds			
Name of Traveler						Social Security Number			Official station or Base			
	Address of Trav	eler (including street,	city, state, an	d zip code)								
The mileage and subsistence expense Indicated in this expense account has been previously authorized and has been checked for compliance.					I Hereby Certify That the Within Account in the Amount of \$unpaid.						_ is correct, due and	
APPROVED:						Signal Sworn to and subscribed before me this day of						ture of Payee
Departmental												
						LATION OF EXPENSES						Notary Public
Travel Expenses Amount					Emergency and Necessary Expenses Incurred in Connection with Travel						Amount	
Commercial Transportation (Incl. Rental car/gas) 0400-02 Mileage, Private car 0400-01 Meals and Lodging 0400-03				\$		Total other expenses such as postage, fax, telephone, parking, baggage handling, tolls, registration fees, et. 0400-07					\$	
SUBTOTAL TRAVEL EXPENSES				\$		GRAND TOTAL TRAVEL EXPENSES					\$	
ITEMIZED S	TATEMENT OF NECES	SSARY TRAVELING E	XPENSES IN	NCURRED FO	OR PERIOD			TO				
Date mm/dd/yy	Points o From City/ State		Hour of Depart/ Return	Private Car Miles	Fare or mileage Amount	Breakfast	SUBSISTENCE Lunch		Total Meals	Lodging	Total Meals & Lodging	Emergency & Necessary Expense Amount & Detail
TOTALS												